

## Substitute for Form PTO-875

Application or Docket Number

(Column 1)	(Column 2)
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**SMALL ENTITY**

**OR**

**OTHER THAN  
SMALL ENTITY**

RATE (\$)		FEE (\$)
X	U	
X	E	
TOTAL		

**OR**

RATE (\$)	FEE (\$)
X =	
X =	
TOTAL	

**· MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))**

\* If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1)	(Column 2)	(Column 3)
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**SMALL ENTITY**

QTR

OTHER THAN  
SMALL ENTITY

DATE (\$)	ADDITIONAL FEE (\$)
25	
700	
TOTAL	
ADD. FEE	

Cdk

RATE (\$)	ADDITIONAL FEE (\$)
.50 =	
.20 =	
TOTAL	
ADDITIONAL	

DATE: _____	TIME: _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

RATE (\$)	ADD. TIONAL FEE (\$)
50	200
200	/
250	
360	
TOTAL FEE	200

- \* If the entry in column 1 is less than the entry in column 2, and  $C_1 \neq 0$ , pay 0.
- \*\* If the "Highest Number Previously Paid for" in THIS STATE is less than 3, pay 0.
- \*\*\* If the "Highest Number Previously Paid for" in THIS STATE is less than 3, pay 0.

This collection of information is required by 37 CFR 1.65. The estimate of reporting burden for this form was determined by the USPTO in processing an application. Confidentiality is governed by 37 CFR 1.601-1.609 and the information provided is used for the following purposes: gathering, preparing, and submitting the completed application; determining the fee amount; determining the amount of time your return is complete; the form and supporting documents are submitted to the Patent Office, Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. (Do not send fee payment to this address.)  
ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450